

Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Office Use:	mb 93	
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## **Statement of Committee Organization**

1.	Statement Information		
	Date: 6-4-16	1/2/2011	
	Type: New $\square$ Amended (if amending, enter MEC ID $\underline{C/6/24/}$ & section changed)		
2. Committee Information			
	Campaign to Elect Terry Ho	ampton	
	PO Box 1773, West Plains,	NO 65775 (417) 372-2055 Telephone Number	
	Committee Mailing Address, City, State, & Zip		
	) in the second of the second	Howell County Ccierk Dennis Vonallmen	
	Committee Type: Campaign Candidate Continuing (	PAC) Debt Service Exploratory Political Party	
3. Treasurer/Deputy Treasurer Information			
	Chuck Gullion		
	Treasurer's Name (First & Last)  11 Ca Day Caller Survey Caller Survey Caller C	Treasurer's Email Address (optional)	
	Treasurer's Mailing Address, City, State, & Zip (05775)	(417) 274- 1151 (C) Treasurer's Home Telephone Number Treasurer's Work Telephone Number	
	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (optional)	
	Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Number  Dep. Treasurer's Work Telephone Number	
4. Additional Committee Information			
	Additional Committee Officer's Name & Title (if any)	Additional Committee Officer's Mailing Address, City, State, & Zip	
	Connected Organization's Name (if any)	Connected Organization's Mailing Address, City, State, & Zip	
	CANDIDATES: Do you have more than one candidate committee	? Yes (refer to instructions on back) No	
5.	Official Bank Account Information (required by all committees)		
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	Candidate Supported or Opposed (candidate committees must		
e	rry Hampton, 10529 CR 8470, W. Plains Name & Mailing Address, City, State & Zip of Candidate MO 65775	(417) 372-2055 ()	
1	VOV. 8, 2016 Missouri House of	unaffiliated support	
	Election Date Office Sought & Political Subdivision Representatives - Dist. 15	Political Party (Cindependent)  Support or Oppose	
7.	Ballot Measure Supported or Opposed (campaign committees n	nust complete this section)	
	Name of Ballot Measure	Election Date & Political Subdivision Support or Oppose	
	Signature(s) Check certification(s) & sign (required by all comm	nittees)	
,	I affirm and attest under penalty of perjury that information an	<u> </u>	
	further acknowledge that I am aware that any false statement or		
	Chul Delle	Jun Demy New	
	Committee Treasurer	Candidate (Candidate Committees Only)	

MO 300-1308 Packet (Rev. 11/2014) Form must be completed in full & contain original signature(s), fax filings are not accepted.